Ø 0002/0010 PRINTED: 08/06/2015 FORM APPROVED

		(X1) PROVIDER/SUPPLI		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
IDENTIFICATION NUMBER.		Jimbert,	A. BUILDING: 01		COMP	ETED	
HAL034016			B. WING		07/2	2/2015	
NAME OF PROVIDER OR SUPPLIER STREET AD				DRESS, CITY,	STATE, ZIP CODE		
VIENNA	VILLAGE			KINVILLE F			
			-	WN, NC 27	040		
(X4) ID PREFIX TAG			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	D BE	COMPLETE DATE	
C 000	Initial Comments			C 000		i	
	Report of Biennial C Harrell and Bob Get	onstruction Survey chell on 7-22-2015.	by Dennis				
	Records indicate the was first licensed or Aged on 3-1-1966.	submitted as a Hor	ne for the				
	facility must meet th Code, the 1971 Mini	e 1967 NC State Bu	uilding		CONSTRUCTION SECTI	ON I	
	and Regulations for	Homes for the Aged	dand i		AUG 17 2015		
	Infirm and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds.			RECEIVED)		
	The right end of the therefore must meet Code, the 1984 and 2005 Rules for the L Homes of Seven or I	the 1978 NC State applicable portions icensing of Adult Ca	Building of the				
	The left end of the fa must meet the 2006 the 2005 Rules for the Homes of Seven or I currently licensed for	NC State Building C the Licensing of Adult More Beds. The fact	Code and t Care				
	Deficiencies were no of correction.	ted which will requir	re a plan				
C 101	Existing Licensed Fa	c- No less than 71	Rules	C 101			
,	SECTION .0300 - Ph 10A NCAC 13F .030 PHYSICAL PLANT R The physical plant re care home shall be a (2) Except where oti licensed facilities or p facilities shall meet li- requirements in effec-	1 APPLICATION (EQUIREMENTS quirements for each pplied as follows: nerwise specified, ex- portions of existing li- censure and code	n adult xisting icensed				
	alth Service Regulation	O'SHOBLIED DEDDESCAY	ATIMES CICH	TUDE	VIV. F		

him Paules

If continuation sheet 1 of 5

Ø 0003/0010 PRINTED: 08/06/2015 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPI		,				TE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION		N NUMBER:	A. BUILDING: 01		COMPL	EYED	L		
I					1				L
HAL034016		g.	B, WING		07/25	/2015	l		
ŀ			104205401				VIIZZ	72015	ł
١	NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			ı
١	VIENNA	VILLAGE		6601 YAD	KINVILLE R	OAD			ı
١				PFAFFTO	WN, NC 27	040			1
1	(X4) ID		TEMENT OF DEFICIE		ID	PROVIDER'S PLAN OF CORRECTIO	N i	(35)	1
l	PREFIX YAG	REGULATORY OR L	MUST BE PRECEDE		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		DATE	Н
l	13-00				TAG	DEFICIENCY)	PUATE	UAIE .	ш
ŀ	0.404	0. 41. 1.11	4						Ł
l	C 101	Continued From page	ge 1		C 101				ı
l		change in service of	r bed count, add	lition					ı
l		renovation, or altera							L
l		the requirements for					į į		
		no addition or renov					į l		
	į	than those requirem	ents found in th	e 1971					
		"Minimum and Desi							
		Regulations" for "Ho							
		copies of which are							
		Health Service Regu							1
		Raieigh, North Caro	iina, 27603 at n	n cost;			- 11		
	i	This Rule is not me	t ae avidanced l	1			14		
		Based on observation						10 BE	5
		were licensed in 200					9	ouplete 13V	μ
	1	with Section 302.1.1				Controller Control			
		Building Code. Sect			Q.	GENERAL SECURITY W	114]	6/28/15	
		to "Incidental Use Ar				REPLACE HAGNET ON SO	1754	` `	
		passage of smoke a	and self-closing	or			_		
		automatic-closing up	on dectection of	f smoke.		HALL LAUNDRY DOORS I	73C1#		
		Findings include:		1		AUTO DOOR CLOSER TI	1.5		
		a. The ¼ hour fire range.						1	
	Í	laundry was held op				INTO FIRE ALARM SY	STEM		
		and would not auton of smoke.	natically close up	pon detection		,		- 1	
		b. The ¼ hour fire ra	ated door to the	eniled utility		-SEE ATTACHED ESTIN		- 1	
		room was held open				FROM CONTRACTO	2-	- 1	
	1	and would not autom							
	i	of smoke.			b.	REHOVED HAGNET ON	لي ر	لمراجعان	
	1	-		1	٠		: *	111115	
	C 144	Med Prep Area-Sink	with Lever Hon	dles	C 144	SOUTH HALL SOILED	,	.	
	2,777	or reprice-oilk	Level ridir	4,63	U 144			- 1	
		SECTION .0300 - PI	HYSICAL PLAN	т 1		UTILITY ROOM DOO	(C.		
		10A NCAC 13F .030						- 1	
		ENVIRONMENT		1				- 1	
		(f) The requirements	s for storage roo	ms and					
		closets are:						1	
		(5) Handwashing fa						- 1	
		handles shall be pro-		ly adjacent		•		- 1	
		to the drug storage a	irea;	1			!	- 1	

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SYATEMENT OF DEFICIENCIES (X1) PROVIDER/SI			(X2) MULTIPLE CONSTRUCTION		(X2) DATE		
AND PLAN OF CORRECTION IDENTIFICATION		ON NUMBER:	A. BUILDING: 01		COMP	LETED	
HAL03401		6	B. WING		07/2	2/2015	
NAME OF PROVIDER OR SUPPLIER			STREET AD	DRESS, CITY.	STATE, ZIP CODE		
VIENNA	VILLAGE		6601 YAD	KINVILLE F	ROAD		
TILITIES	TICEAGE		PFAFFTO	WN, NC 27	040		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIE	ENCIES	ID	PROVIDER'S PLAN OF CORRECTS	ON	(X5)
PREFIX	REGULATORY OR L	MUST BE PRECEDE SCIDENTIFYING INF	ORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		DATE
C 144	Continued From pa	go 2		C 144	1		
0	Continued From pa	gez		C 144		;	
	This Rule is not me	et ag evidenced	hu c		1		111
	Based on observation	on, the faucet or	by.		-SEE ATTACHED THE	TALLED	7/23/15
	handwashing sink p				- CER ARTAGUE	1.0-	` '
	preperation area wa	s not equipped	with lever		SEE ATTACHED THE	UKE-	1 1
	handles to allow one	e to operate the	faucet without				
	recontaminating the	ir washed hand	s.				
0.400	Bulletine English		1			- 1	
C 189	Building Equipment	Maintained Safe	e, Operating	C 189			
	SECTION .0300 - P	HYSICAL PLAN	т :		-		
	10A NCAC 13F .031						
REQUIREMENTS							
	(a) The building and all fire safety, e		electrical,				
	mechanical, and plumbing equipme						
	care home shall be maintained in a operating condition.		sate and				
	(k) This Rule shall a		Levistina				
	facilities with the exc					i	
	which shall not apply	y to existing facil	lities.				
		i					
	This Rule is not me	t as evidenced b	w:	Ü) .		
	 Based on observe 	ation, the require	ed one-hour		4) CEILING PENETRAT	603	1 .1
	fire rated walls and/or ceilings were in several locations. Holes and period				TO PENEIRA	100	7/24/15
- 1	are not sealed with r	naterials approv	ed for use in		FIRE CAULKED		' '
	one-hour fire rated or possibility that a fire	that begins in or	ne space can		- SEE ATTACHED PHO	To-	
	quickly spread to oth Findings include:	er areas of the	facility.		78 / (5)	Ĺ	
	 a. Unsealed penetra 	ition at a thread	ed rod		B) CEILING PENETR	ATION)	784/15T
	through the ceiling of				FIRE CAULKED		' '
	 b. Unsealed penetra 	ition at wires thr		-			
	ceiling of linen closet	F23.			-SEE ATTACHED PH	070-	'
	2. Based on observa	ation, the corrido	or was not				
1	maintained in a smol					- 1	
1	Finding includes;						

1HLZ21

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3: 01	COMPL	EYED
			1			
		HAL034016	B. WING		07/2	2/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	STATE, ZIP CODE		
VIENNA	VILLAGE	6601 YA	DKINVILLE I	ROAD		
		PFAFFT	OWN, NC 27	7040		
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION		(X6)
PREFIX		SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		DATE
			1	DEFICIENCY)		
C 189	Continued From pa	ge 3	C 189	C 100		
0,00			10000	DESCUTEMEDAD PLACE	TO .	h hu lo
	Hole through the do	or of the sprinkler riser room.	"	1000	ě l	4/24/13
	3 Boood on observ			AROUND DOOR KNO	ъ.	'
	the ice machine roo	vation, the exhaust system for om was not maintained in a		-SEE ATTACHED PH	YO.	
	proper working cond		1 .	1	,,,,,,,	
	Finding includes;	aldon.	1 (D EXHAUST DUCT	ļ	.1 .
,		ad disconnected in the attic	1	DOC!	[3	H23/151
		n for the ice machine room.		REPAIRED		1 7
		!		-SEE ATTACHED PH	OTO -	
C 191	Unvented & Portable	e Elec. Heaters Prohibited	C 191	JOE MINIONED PA	010-	
	CECTION ASSOC D					
	SECTION .0300 - P 10A NCAC 13F .031		1			.
.	REQUIREMENTS	11 OTHER	1			
		heating system sufficient to	ľ			
	maintain 75 degrees	F (24 degrees C) under			- 11	
	winter design condit	ions. In addition, the				'
		to heaters and cooking				
	appliances.					
		urning room heaters and				
	portable electric hea					
		apply to new and existing				
		ception of Paragraph (e) y to existing facilities.	1			
	which and hot apply	y to existing facilities.			-	
	This Rule is not me	t as evidenced by:	1			
		on, the facility was not		0	- 11	
		condition as relates to		HEATER REMOVED DURING INSPECT	<u> </u>	اسر داددار
	portable electric hea	iters.		0.15	\ 1	H22(157
	Finding includes:	!		DUKING INSPECT	00	
		eater was found in the closet				
	off the Supervisor's					
	Note; The heater was survey.	as removed during the				1
	autvey.		ļ			
C 150	Exit Doors Locks Sin	rale Hand Motion	C 150			
2 .00	Enit Dunia Eduna Oll	igio Fidita Modali	0 130			
	IV. The Building	i				
		nment (10 NCAC 42D .1503)				-
	+	,	Į.		- 1	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU			(X2) MULTIPLE CONSTRUCTION		(X2) DATE		
AND PLAN OF CORRECTION IDENTIFICATION		ON NUMBER:	A. BUILDING: 01		COMP	ETED	
			l		1		
1		HAL03401	6	B, WING		07/2	2/2015
			1			0112	2010
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
VIENNA	VILLAGE		6601 YAD	KINVILLE R	ROAD		
- Filling	Thirty		PFAFFTO	WN, NC 27	'040		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED		ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
C 150	Continued From pa 8. Outside Entran c. All exit doors lo by a single hand mo times without keys. locking device which this standard.) This Rule is not me Based on observation of the facility license motions to operate a requiring more than delay an evacuation Finding includes: An exit door was for deadbolt requiring or latch requiring a sec	ces/Exits cks must be eastion, from the in (This limits each meets the crite et as evidenced on, an exit door ed in 1984 require and open. Exit of one operation to in an emergence and that had a sine hand motion	by: in the portion doors o open could by: ingle cylinder and another	C 150	SINGLE CYLINDOR DEAD BOLT REMOVE DOOR LOCK REPLACE HOTE LATCH - SEE ATTACHED P	。 ら く	8/7/15

1HLZ21

Page 1 of 3

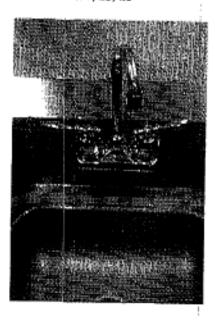
VIENNA VILLAGE, INC. RESPONSE TO DHSR CONSTRUCTION INSPECTION ON 7/22/15

C 101 Existing Licensed Facility

- 2a. General Security will replace magnet on South Half laundry room doors with automatic door closer tied into fire alarm system by 8/28/2015. See attached estimate from General Security.
- Removed magnet on South Half soiled utility room door on 8/17/2015.

C 144 Med Prep Area-Sink with Lever Handles

Installed on 7/23/15



C 189 Building Equipment Maintained Safe, Operating

Threaded rod through ceiling in sprinkler riser room was fire caulked on 7/24/15



Page 2 of 3

1b. Ceiling penetration in linen closet F23 was fire caulked on 7/24/15



Escutcheon placed over hole at door knob on door to riser room on 7/24/15



Page 3 of 3

3. Exhaust duct repaired in the attic above ice machine room on 7/23/15

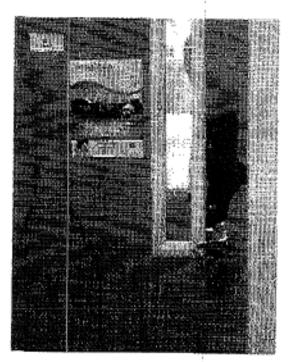


C 191 Unvented and portable heaters

Small portable heater that had been previously confiscated out of resident's room and was being stored in supervisor's office until we could return to family was removed from the building during the inspection on 7/22/15.

C 150 Exit Doors Locks Single Hand Motion

E1 Exit door single cylinder deadbolt removed and door lock replaced with single motion lockable latch on 8/7/2015.



Chris Parker

From:

Shawn B. Hunt <shawn.hunt@gensecurity.com>

Sent:

Monday, August 17, 2015 10:21 AM

To:

Chris Parker Shawn B. Hunt

Cc: Subject:

Door Holders additions

Hi Chris,

Below is listed in reference to the door holders discussed today. The parts are two days away they will be here on Wednesday and we can plan on Thursday for the installation if you like.

(1) Floor Mount Door Holder \$85.00

(1) Wall Mount Door Holder \$75.00

(1) Wiring to Door Holders \$45.00

Total Equipment

\$205,00

Tax on equipment

\$13.84

Labor 4 Hours

\$340.00

Total investment is

\$558.84

Please let us know if Thursday for installation works for you.

Thanks

Shawn Hunt Branch Manager General Security, Inc. 336-769-9452 Phone 336-769-9621 Fax 336-442-1703 Cell shawn.hunt@gensecurity.com



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